

## Feedback Form – How are we doing?

We want you to live the life you imagine! You're in charge - so if something isn't working for you, or if things are going really well, please let us know.

Complete this feedback form and return it to your local office, or visit [www.accessability.org.nz/about-us/feedback](http://www.accessability.org.nz/about-us/feedback) to fill in our online survey. All answers are confidential.

A large print version of this survey is available. Please visit our website to download it or request a copy from your local office.

### Your Relationship with AccessAbility

### Comments

With which of our offices do you have the most contact?	<input type="checkbox"/> New Plymouth/Taranaki <input type="checkbox"/> Whanganui <input type="checkbox"/> Dunedin Otago/Southland
How do you work with AccessAbility?	<input type="checkbox"/> I work with AccessAbility to organise my support <input type="checkbox"/> I work with a Local Area Coordinator in Otago or Southland
How much involvement do you have with AccessAbility?	<input type="checkbox"/> Frequent (every two weeks) <input type="checkbox"/> Occasional (monthly) <input type="checkbox"/> Limited (once every three – six months) <input type="checkbox"/> Minimal (once a year or less)
Would you prefer to have more or less involvement with AccessAbility?	<input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Stay the same
How do you prefer to receive information from AccessAbility?	<input type="checkbox"/> Face to face meetings <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> Text message <input type="checkbox"/> Phone <input type="checkbox"/> Facebook

### Your experiences of working with AccessAbility

**Yes very much**      **Yes mostly**      **Not really**      **Not at all**      **Comments**

Was it made clear to you that you are able to have whanau/family present when you meet with us?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
During your last contact with AccessAbility, did you feel our staff listened to your ideas and comments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

#### Taranaki office

Kings Building, 36 Devon Street West  
 PO Box 8377, New Plymouth 4342

#### Whanganui office

244 Victoria Avenue  
 Whanganui 4500

#### Otago/Southland office

Burns House, 10 George Street  
 PO Box 966, Dunedin 9054

	Yes very much	Yes mostly	Not really	Not at all	Comments
Did the person you spoke with discuss options that fit with your ideas of what you need to live well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did our staff work with you in a way that recognises your family's culture, choices and beliefs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to easily get in touch with AccessAbility if you have a problem or if something changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has working with AccessAbility made a positive difference in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## About You

I am:

A person receiving disability support services

A friend or relative caring for an individual with disability

Which ethnic groups do you belong to?

Maori       Pacific Island      Iwi/group \_\_\_\_\_

New Zealand European       Asian

Other \_\_\_\_\_

What age group do you belong to?

Birth to 5 years       5 years to school leaver

Adult       Over 65

Would you be interested in speaking to us in more detail about your experiences?

Yes, very much       Not at all

Your name \_\_\_\_\_

Your address \_\_\_\_\_

Your contact number \_\_\_\_\_

**Thank you for completing our survey. We appreciate your feedback.**

Office use only     MoH    DHB    LTS-CHC    LAC

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